

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

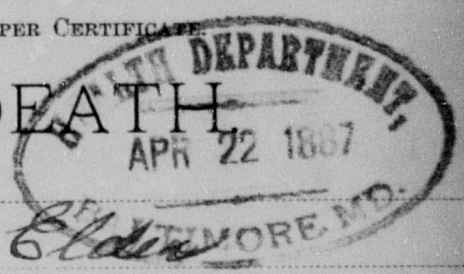
Health Department, City of Baltimore.

Permit No. 99416 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, April 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry C. Elden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 Years, 7 Months, - Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Silver plater

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Beth

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } West & Plum aly (211)

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia. Typhoid.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Aunt Olive

Date of Burial, 28 " 1887

Undertaker, Bernard Harb Thorndore Cook M. D. Medical Attendant.

Place of Business, 115 West 8th Address, 578 Hampshire

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on the accompanying certificate.

Health Department, City of Baltimore.

Permit No. 992411 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, 20 April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Ebersmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, X Years, 13 Months, X Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balta

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Foot of Eden St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Meningitis
Probably Convulsions

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Apr 22nd 1887

{ Undertaker, Wm J. Ticknors D. F. Leonard M. D. Medical Attendant.

{ Place of Business, 221 Rutaw St. Address, 313 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99412 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 21st 1887
Full Name of Deceased, Mary Ellen Sims {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.
Age, 1 Years, 4 Months, ✓ Days.
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not required in this line.
Occupation, _____
Birth Place, {State or country, and how long in the United States, if of foreign birth. Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and Number. 212nd Bradford alley
Cause of Death, {First (Primary), Pneumonia
Second (Immediate), Exhaustion
Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, April 23^d
{ Undertaker, Hemsey } John Osgood M. D. Medical Attendant.
{ Place of Business, 116 Orchard } Address, 1937 S. Monmouth

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99413 Office of Registrar of Vital Statistics. Ward 2^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 21st 1887
Full Name of Deceased, Joseph Meyer { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male ~~Female~~ { Cross out the word not required in this line. }
Age, Years, Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, No 61. Thames St { Give Street and Number. }

Cause of Death, Inanition { First (Primary), Second (Immediate), }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 22^d 1887

Undertaker, Felix Broskowski Ernest Steiner M. D. Medical Attendant.

Place of Business, 1732. Orleans St Address, Crofts & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John M. De Gooz Inspector [OVER.]

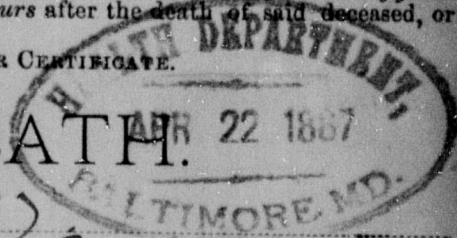
Health Department, City of Baltimore.

Permit No. 99414 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, Apr 20 / 87

Full Name of Deceased, George Ruskle { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 88 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, old no 239 Saratoga { Give Street and Number. }

Cause of Death, old age { First (Primary), Second (Immediate), }

Duration of Last Sickness, Dying about a week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Apr 22. 1887

Undertaker, Henry & Michael W. R. Morgan M. D. Medical Attendant.

Place of Business, 530 N. Fayette Address, 315 N. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99415 Office of Registrar of Vital Statistics. Ward 9¹¹/₉

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CERTIFICATE OF DEATH

Date of Death, April 21 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Fleishman
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 58 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Housekeeping
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, 34 years
Place of Death, { Give Street and Number. } No 6 Franklin
Cause of Death, { First (Primary), _____ Cerebral Thrombosis
Second (Immediate), _____ Paralysis
Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Oak Shalam Cemetery
Date of Burial, April 22
Undertaker, A. Hrens + Co } Friedewald M. D.
Office of Business, 62 E W. Baltimore Address, 310 N Euter

Medical Attendant.

from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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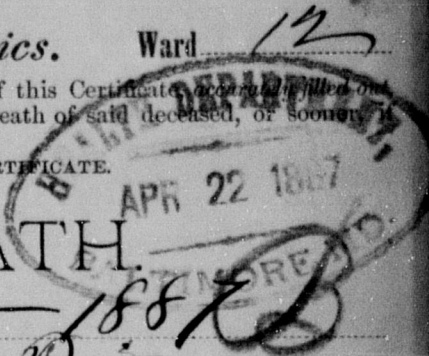
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Health Department, City of Baltimore.

Permit No. 99417 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 20 th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura A. Price

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1813 Madison Ave

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Breast
Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 22, 1887

Emory & Metcher L. B. Comings M. D.

{ Undertaker, Place of Business, } 550 W. Fayette Address, 1925 Lincoln Ave

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Health Department, City of Baltimore.

Permit No. 99418 Office of Registrar of Vital Statistics. Ward 6¹¹/₇

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CERTIFICATE OF DEATH.

Date of Death, April 21 1887

Full Name of Deceased, Priscilla A. Kirby { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Balto. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 533 N. Troy St. { Give Street and Number. }

Cause of Death, Phthisis Pulmonalis. { First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cem.

Date of Burial, Apr. 24

Undertaker, W. W. Harper Edward J. Menden M. D. Medical Attendant.

Place of Business, 209 S. Bond St. Address, 208 Argyle St.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99419 Office of Registrar of Vital Statistics. Ward 19th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann E. Rees

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 1706 Lafayette ave

Cause of Death, { First (Primary), Second (Immediate), } Old age
Inanition

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Apr 23 1887

Undertaker, Wm. J. Trickett M. D.

Place of Business, 221 E. Calver St Address, 901 Smoke

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[OVER]